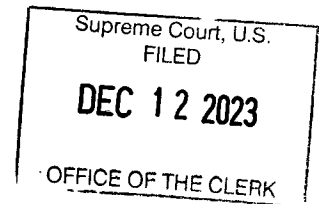


No. **23-6473**

ORIGINAL

IN THE
SUPREME COURT OF THE UNITED STATES



Joseph Bergeron -- PETITIONER

VS.

Paul Schnell, Commissioner of Corrections -- RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Please check the appropriate boxes:

☒ Petitioner has previously been granted leave to proceed *in forma pauperis* in the following courts (s):

Twice in the United States Supreme Court, once in the 8th Circuit Federal Court, three times in the Minnesota 10th Judicial District Court, three times in the Minnesota Appellate Court, and thrice in the Minnesota Supreme Court.

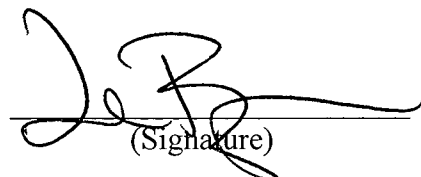
☐ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in current proceeding, and:

☐ The appointment was made under the following provision of law: _____

☐ a copy of the order of appointment is appended.


(Signature)

**AFFIDAVIT OR DECLARATION
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, Joseph Bergeron, am the petitioner in the above – entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>0</u>	<u>\$</u> <u>N/A</u>	<u>\$</u> <u>N/A</u>	<u>\$</u> <u>N/A</u>
Self-employment	<u>\$</u> <u>N/A</u>	<u>\$</u> <u>N/A</u>	<u>\$</u> <u>N/A</u>	<u>\$</u> <u>N/A</u>
Income from real property (such as rental income)	<u>\$</u> <u>N/A</u>	<u>\$</u> <u>N/A</u>	<u>\$</u> <u>N/A</u>	<u>\$</u> <u>N/A</u>
Interest and dividends	<u>\$</u> <u>N/A</u>	<u>\$</u> <u>N/A</u>	<u>\$</u> <u>N/A</u>	<u>\$</u> <u>N/A</u>
Gifts	<u>\$</u> <u>N/A</u>	<u>\$</u> <u>N/A</u>	<u>\$</u> <u>N/A</u>	<u>\$</u> <u>N/A</u>
Alimony	<u>\$</u> <u>N/A</u>	<u>\$</u> <u>N/A</u>	<u>\$</u> <u>N/A</u>	<u>\$</u> <u>N/A</u>
Child Support	<u>\$</u> <u>N/A</u>	<u>\$</u> <u>N/A</u>	<u>\$</u> <u>N/A</u>	<u>\$</u> <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	<u>\$</u> <u>N/A</u>	<u>\$</u> <u>N/A</u>	<u>\$</u> <u>N/A</u>	<u>\$</u> <u>N/A</u>

Disability (such as social security, insurance payments)

\$ N/A \$ N/A \$ N/A \$ N/A

Unemployment payments

\$ N/A \$ N/A \$ N/A \$ N/A

Public-assistance

(such as welfare)

\$ N/A \$ N/A \$ N/A \$ N/A

Other

(specify): _____

\$ N/A \$ N/A \$ N/A \$ N/A

Total monthly income: \$ 90.00 \$ N/A \$ N/A

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
Minnesota DOC	MCF - Stillwater 970 Pickett Street North Bayport, MN 55003		

3. List your spouse's employment history for the past two years, most recent employer first, (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

4. How much cash do you and your spouse have? \$ None
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

☐ Home

Value _____

☐ Other real estate

Value _____

☐ Motor Vehicle #1

Year, make & model

Value _____

☐ Motor Vehicle #2

Year, make & model

Value _____

☐ Other assets

Description _____

Value _____

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

8. Estimate the average monthly expense of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (included lot rented for mobile home)	\$ <u>N/A</u>	\$ <u>N/A</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>N/A</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>N/A</u>	\$ <u>N/A</u>
Food	\$ <u>50.00</u>	\$ <u>N/A</u>
Clothing	\$ <u>10.00</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>10.00</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>N/A</u>	\$ <u>N/A</u>

Total monthly expenses:

\$ 100.00 \$ _____

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☐ No

If yes, describe on an attached sheet.

10. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☐ No

If yes, how much? _____

If yes, state the attorney's name, address, and telephone number:

11. Have you paid ---or will you be paying---anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☐ No

If yes, how much? _____

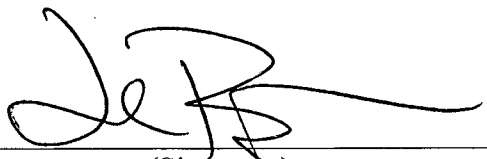
If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case.

Due to my length of reimprisonment, and thus inability to pay bills and payments, I have lost my house, two vehicles etc, and am thusly almost \$30,000 in debt. Also in addition to my personal daily, weekly, and monthly expenses, the length of this judicial process has been financially crushing with expenses for stationary, writing materials, copies, envelopes and postage.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: 12 DECEMBER, 2023


(Signature)

Department of Corrections

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MCF - Stillwater

Trust Account Statement

For Date Range 11/01/2023 To 11/30/2023

OID# 126625 Name: BERGERON, JOSEPH JOHN

Location: 01-A-E-TIER 4-GALLERY 4 FRONT~463; :

Balance as of	
Sub Account	11/30/2023 2:17 pm
Spending	31.26
Gate Savings	500.00
Savings	120.00
Hold	0.00

Transaction Descriptions

Transaction Amt

Spending Sub-Account

11/01/2023	CRS SAL ORD #8542123	(79.70)
11/02/2023	Wages POWERHOUSE 65 REG @ 1.00 10/15/2023 to 10/28/2023	65.00
11/02/2023	Wages POWERHOUSE Deduction-AVP-AVP	(3.25)
11/06/2023	CRS SAL ORD #8549451	(69.73)
11/13/2023	CRS SAL ORD #8556886	(47.33)
11/16/2023	Wages POWERHOUSE 52 REG @ 1.00 10/29/2023 to 11/11/2023	52.00
11/16/2023	Wages POWERHOUSE Deduction-AVP-AVP	(2.60)
11/16/2023	Wages LU_A_EAST 1 REG @ 1.00 10/29/2023 to 11/11/2023	1.00
11/16/2023	Wages LU_A_EAST Deduction-AVP-AVP	(0.05)
11/16/2023	CRR SAL ORD #8556886	10.07
11/16/2023	Restorative Justice	(40.00)
11/20/2023	CRS SAL ORD #8564933	(39.58)

Debts and Obligations

OID: 126625

Type	Payable	Info Number	Current Amount Owning	Amount Paid
AVP	Aid to Victims of Cr	AVP	UNLIMITED	1,342.65
AVPI	Aid to Victims of Cr	AVPI	UNLIMITED	72.77
CCPA	Cost of Confinement	CCPA	UNLIMITED	0.00
CCPB	Cost of Confinement	CCPB	UNLIMITED	939.28
CCPP	Cost of Confinement	CCPP	UNLIMITED	0.00
FCC	Facility Cost Conf.	FCC	UNLIMITED	1,404.98

This statement shows your activity and balances from MCF - Stillwater only. If you had any activity or balances for the specified time period at another facility, you will be sent a separate statement from that facility.
****Keep For Your Records****